

MEDICAL ALERT FORM

Complete this form if you want the Bar's testing staff to be aware of a condition that might require emergency medical attention during the examination (e.g. late-term pregnancy, diabetes, heart disease, epilepsy). List the condition below and provide emergency treatment instructions and the name and telephone number of any person(s) who should be contacted in the event of an emergency.

Applicant's Name (print)

LPP Exam Date

Applicant's Signature

Medical Condition: _____

Instructions:

Person to Contact in Case of Emergency (print)

Phone Number

Person to Contact in Case of Emergency (print)

Phone Number